

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-020864

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

236

Primary Registration District No.

4352

Registrar's No.

45

FILED MAY 22 1963

VS 300
Rev. 4/59

1 0710

2 0710

3

4 2

5 1

6

7 0

8 2

9 4200

10

11

12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Morgan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN VersaillesLength of stay in 1b
30 Yesc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION E. Newton St.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Morgan

c. CITY
OR TOWN VersaillesInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
E. Newton St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Walter

Middle Francis

Last Christeson

4. DATE
OF DEATH

Month May

Day 15

Year 1963

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-5-85

9. AGE (last birthday)

78

10. IF UNDER 1 YEAR

Months

Days

Hours

Min.

11. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Waynsville, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Iveson Christeson

13b. MOTHER'S MAIDEN NAME

Della Northon

14. NAME OF HUSBAND OR WIFE

Ethel Redmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

Yes

W.W. I

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Della Ware Versailles, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis Heart Great

years

DUE TO (c)

Emphysema, Chronic bronchitis

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1958 to 5-15-63 and last saw him live on 5-15-63

Death occurred at 10:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Versailles, Mo.

22c. DATE SIGNED

5-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

19 May 63

23c. NAME OF CEMETERY OR CREMATORY

Versailles Cemetery

23d. LOCATION (City, town, or county)

Versailles, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kidwell Funeral Home Versailles, Mo.

25. DATE RECD. BY LOCAL REG.

5-17-63

26. REGISTRAR'S SIGNATURE

J. J. Washburn

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 22 1963

JUN 24 1963

JUL 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond C. Harber

Licensed Embalmer No. 4626

P. O. Address Versailles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.